



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3565

<b>SERIAL NUMBER</b> 09/851,819	<b>FILING DATE</b> 05/09/2001 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 24300/277
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

David C. Hamilton, New Castle, PA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 09/436,588 11/09/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 07/05/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>				

**ADDRESS**

KENYON & KENYON  
One Broadway  
New York, NY 10004

**TITLE**

Computerized system and method for correcting tooth-size discrepancies

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---